Please type a plus sign (+) inside this box -

PTO/SB/01 (12-97) Approved for use through 9/30/00.OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION					Attorney Docket Number	43369-0001						
					First Named Inventor	Kingston Henry Go Mills	rdon					
(37 CFR 1.63)				1.63)	COMPLÈTE IF KNOWN							
	•				Application Number	PCT/IE04/00139						
	Declaration Submitted with Initial Filing	OR	☒	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e))	Filing Date	October 14, 2004						
					Group Art Unit	1645						
	riing			required)	Examiner Name	Unknown						

As a below named Inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
FILAMENTOUS HAEMAGGLUTININ IN THE TREATMENT AND/OR PROPHYLAXIS OF IMMUNE-MEDIATED DISORDERS										
		(Title of the I	nvention)							
the specification of which Is attached hereto OR										
was filed on (10/1	4/2004)		as United	States Applica	ation Number or F	PCT International				
Application Number PCT/I	E04/00139 and	d was amended on (MM/I	DD/YYYY) [] (I	if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or .365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)										
PCT/IE2004/000139	PCT	10/14/2004								
2003/0761	Ireland	10/14/2003								
					. 🗖					
)						
		listed on a supplementa				to:				
hereby claim the benefit up				lication(s) liste	d below.					
Application Number	r(s)	Filing Date (MM/DD/	YYYY)		•					
				numb suppl	onal provisional a ers are listed on emental priority d SB/028 attached	a lata sheet				

(Page 1 of 2)
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop __, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please Type a plus sign (+) inside this box

PTO/SB/01 (12-97)
Approved for use through 9/30/00.OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERÇE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

between the hing date of the prior application and the national of PC1 international filling date of this application.													
U.S. Parent Application or PCT Parent Number							Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)		
						1							
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.													
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the													
Patent and Trademark Office connected therewith: Customer Number 25213 Place Customer													
OR Registered exactitioner(s) name(registration number listed below													
Registred practitioner(s) name/registration number listed below Registration Registration													
N:	ame		Num	ber	_		Nan	ne		Number			
								*					
									ł				
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.													
Direct all correspor	ndence	to: 🛛 Custom	er Number					OR []	^		a dduaea balann		
		or Bar (Code Label	<u> </u>		5213		OH	correspond	ience	address below		
Name													
Address													
Address							·						
City						State		ZIP					
Country		· ·	Telephone					Fax					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole of	r Fir	st Inventor:			A pe	etition has	been fil	ed for thi	s unsigne	d inve	entor		
Given I	Name	(first and middle	(if any)				Farr	nily Name	or Surna	me			
Kingston Henry Gordon/ Mills									• ;•				
Inventor's Signatu		yte Will						Date	26	102/07			
Residence: City		Rathgar	State	ate Dublin		Country IRI		ELAND	Citizens	Citizenship IRELAND			
Post Office Addres	s	30 Brighton Ro	ad										
Post Office Addres													
City	_		State			ZIP			Country				
Additional Inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:													

Please Type a plus sign (+) inside this box , ---

Line 1

0035318829401

PTO/SB/02A (3-97)
Approved for use through 9/30/98,OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor							
Given Name	Family Name or Surname										
	McGuirk										
Inventor's Signature	Date 21 VOV										
Residence: City	Castaheany, Clonee	Dublin 15		Country IRELAND		Citizenship		IRELAND			
Post Office Address											
Post Office Address											
City	State			ZIP			Country				
Name of Additional	Joint Inventor,	A petition has been filed for this unsigned inventor									
Given Name		Family Name or Surname									
		Keogh									
Inventor's Signature	brian	MC					Date	21	FEX.04		
City	Clondalkin	State	Dublin	22	Country	IRELAND	Citizenship		IRELAND		
Post Office Address	76 Cherrywood V	'illas									
Post Office Address											
City			ZIP			Country					
Name of Additional	Joint Inventor,		A petition has been filed for this unsigned inventor								
Given Name	Family Name or Surname										
Inventor's Signature					Date						
City	State				Country				Citizenship		
Post Office Address											
Post Office Address											
City		State			ZIP		Country				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop __, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.